

Supplemental Figure 2

Qualtrics Survey:

This research study is seeking to learn about the healthcare experiences of transgender and gender non-binary patients at Duke University, in the greater North Carolina region, and across the United States during the Covid-19 pandemic. The multiple-choice survey should take about 15 minutes of your time, and is entirely confidential.

This study is voluntary and only includes people who choose to take part. Your decision to participate will have no effect on your medical care. We hope that up to 5000 respondents across the United States will participate.

There is little risk in participating. All information collected for the study will remain confidential and will be handled only by members of the Duke study team. The answers you provide will be collected without any of your direct identifying information like name or date of birth. We will ask your zip code in order to compare trends across different geographic areas. There is a chance that the questions asked could make you uncomfortable or upset. You may choose not to answer any questions that make you uncomfortable. Results of this research study may be published or shared outside of Duke. These results will contain no information by which you will be able to be identified.

This study has been approved by the Duke Institutional Review Board. If you have questions about participating in this survey study, you may contact a member of the study team by navigating to the Contact Us section of our website. If you have questions about your rights as a research subject, you can call the Duke Institutional Review Board (IRB) at 919-668-5111.

At the end of this survey, you will be invited to a follow-up phone conversation with a member of the Duke team. Participation in the additional interview is optional. We will discuss these same topics, but we want to make an open space for each voice to be heard. Please let us know of any concerns, questions or suggestions by submitting them on the last page of the survey.

We thank you sincerely for the support. By filling out the survey and submitting your answers, you are indicating your consent to participate in the study.

–the Research team at the Duke Center for Gender Health & Wellness

The first part of the survey is some questions about you and your identity.

Q1 What year were you born? _____

Q2 How do you describe your gender identity? (select all that apply)

- ☐ Gender non-conforming / Nonbinary
- ☐ Genderqueer
- ☐ Trans female / Trans woman
- ☐ Trans male / Trans man
- ☐ Female
- ☐ Male
- ☐ Different identity (please state)

Q3 What ethnicity or race do you identify with? (select all that apply)

- ☐ African American or Black
- ☐ Hispanic, Latinx or Spanish origin
- ☐ Middle Eastern
- ☐ South Asian
- ☐ East Asian
- ☐ Native Hawaiian, other Pacific Islander
- ☐ Native American, American Indian, Alaskan Native
- ☐ White
- ☐ Multiracial
- ☐ Other
- ☐ Self-describe: _____

Q4 Where do you live? Think of the place you stay most evenings. Please provide the 5-digit zip code. _____

Q5 What is your primary health insurance provider?

- ☐ Public (Medicare, Medicaid, etc.)
- ☐ Private (Aetna, Anthem, Blue Cross, etc.)
- ☐ Military (VA, TRICARE)
- ☐ I do not have insurance
- ☐ I do not know

Q6 Has your medical team said you have a weak immune system in any way?

- ☐ Yes
- ☐ No

Q7 Do you CURRENTLY smoke tobacco?

- ☐ Yes
- ☐ No

Q8 Do you take medications to prevent HIV (such as PrEP)?

- ☐ Yes
- ☐ No

Q9 Have you ever had a positive HIV test?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

**Q10 (if Q9 = Yes or Q9 = I'm not sure
Do you take medication to treat HIV?**

- ☐ Yes
- ☐ No

The next series of questions is about your interest in, or access to hormone medications.

Q11 Do you currently take gender-affirming hormone medications?

- ☐ Not interested in taking hormones.
- ☐ Yes
- ☐ No

If Q11 = No or not interested... skip ahead to Q10

Q12 (if Q11 = Yes)

BEFORE March 13, 2020 (when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did your health insurance allow you to SEE your hormone prescriber using telemedicine (video, internet or phone)?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

Q13 (if Q11 = Yes)

AFTER March 13, 2020 (when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did your health insurance allow you to SEE your hormone prescriber using telemedicine (video, internet or phone)?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

Q14 (if Q11 = No)

Due to your state's COVID-19 stay-at-home order, did you HAVE TO MISS, CANCEL, OR

POSTPONE an appointment with a hormone prescriber?

- ☐ Not interested in taking hormones.
- ☐ Yes
- ☐ No

If Q14 = Not interested... skip ahead to Q10

Q15 (if Q14 = Yes) Was your hormone appointment rescheduled due to the COVID-19 pandemic?

- ☐ Yes, it is being rescheduled.
- ☐ I'm not sure.
- ☐ No, it was not rescheduled.

Q16 (if Q15=Yes) What kind of appointment will you have with your hormone prescriber?

- ☐ My hormone appointment will occur virtually, using telemedicine (video, internet or phone).
- ☐ I'm not sure.
- ☐ My hormone appointment will still be an in-person clinic visit.

Q9g (if Q9a=Yes) If you are prescribed gender-affirming hormones, how do you receive your medical hormone therapy?

- ☐ Pick up from a pharmacy (I take it at home)
- ☐ From my provider's office (it is given to me in a clinic)
- ☐ In the mail.

Q9h (if Q9a=Yes) Have you been able to receive your hormone medications since your state's stay-at-home orders took effect after March 13, 2020?

- ☐ Yes
- ☐ No

The next series of questions is about your interest in, or access to gender affirming surgical healthcare.

Q10 Have you had a gender-affirming surgical procedure (in the PAST)?

- ☐ Not interested in gender affirming surgery.
- ☐ Yes
- ☐ No

If Q10 = Yes, proceed to Q11

If Q10 = No, skip ahead to Q12

If Q10 = Not interested... skip ahead to Q21

Q11 (If Q10=Yes) If you've already had any gender-affirming surgeries in the PAST, please describe those procedures here (there will be a different question to ask about your FUTURE goals).

Q12 Have you had a consultation (appointment with a surgeon) to discuss your FUTURE goals for gender affirming surgery?

- ☐ Not interested in gender affirming surgery.
- ☐ Yes
- ☐ No

If Q12 = Not interested... skip ahead to Q21

Q13 (if Q10=Yes) BEFORE March 13, 2020 (when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did your health insurance let you SEE a SURGICAL provider using telemedicine (video, internet or phone)?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

Q14 (if Q10=Yes) AFTER March 13, 2020 when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did your health insurance allow for you to SEE your SURGICAL provider using telemedicine (video, internet or phone)?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

Q15 (If Q12 = No) Since March 13, 2020 when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did you HAVE TO MISS, CANCEL OR POSTPONE a clinic appointment with a surgeon to discuss gender affirming surgery?

- ☐ Not interested in gender affirming surgery.
- ☐ Yes
- ☐ No

If Q15 = Not interested... skip ahead to Q21

Q16 (if Q15=Yes) Was your surgical clinic appointment rescheduled due to the COVID-19 pandemic?

- ☐ Yes, it is being rescheduled.
- ☐ I'm not sure.
- ☐ No, it was not rescheduled.

Q17 (if Q16=Yes) What format will your new surgical clinic appointment be?

- ☐ My surgical clinic appointment will occur virtually, through telemedicine (video, internet or phone).
- ☐ I'm not sure.
- ☐ My surgical clinic appointment will still be an in-person clinic visit.

Q18 What type of gender-affirming surgery are you considering? (select all that apply)

- ☐ Facial feminization surgery
- ☐ Laryngoplasty (removal of an Adam's apple, or "trach shave")
- ☐ Breast augmentation surgery
- ☐ Vaginoplasty (creation of a neo-vagina)
- ☐ Orchiectomy (removal of testicles)
- ☐ Other (please describe) _____
- ☐ Laryngoplasty (insertion of a prosthetic Adam's apple)
- ☐ Chest wall reconstructive surgery (aka "top surgery" aka "mastectomy" aka "removal of breast tissue")
- ☐ Hysterectomy (aka "removal of uterus")
- ☐ Metoidioplasty
- ☐ Phalloplasty
- ☐ Removal of (or closure of) vaginal opening

Q19 Since March 13, 2020 (when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did you HAVE TO CANCEL, MISS or POSTPONE a scheduled gender affirmation surgery?

- ☐ Yes
- ☐ No

Q20 (If Q19=Yes) Was your surgery rescheduled due to the COVID-19 pandemic?

- ☐ Yes, it is being rescheduled.
- ☐ I'm not sure.
- ☐ No, it was not rescheduled.

The next series of questions is about your interest in, or access to mental/behavioral health.

Q21 Do you see a mental/behavioral health provider (psychiatrist, psychologist, therapist, social worker) to talk about your gender health?

- ☐ Not interested in seeing a mental/behavioral health provider.
- ☐ Yes
- ☐ No

If Q21 = No or not interested... skip ahead to Q27

Q22 (if Q21=Yes) BEFORE March 13, 2020 (when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did your health insurance allow for you to SEE your mental/behavioral health provider using telemedicine (video, internet or phone)?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

Q23 (if Q21=Yes) AFTER March 13, 2020 (when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did your health insurance allow for you to SEE your mental/behavioral health provider using telemedicine (video, internet or phone)?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

Q24 (If Q21=Yes) Since March 13, 2020 (when the federal government declared a national emergency, or the date your home State Government issued a stay-at-home order), did you HAVE TO MISS, CANCEL OR POSTPONE an appointment with a mental/behavioral health provider?

- ☐ Not interested in seeing a mental/behavioral health provider
- ☐ Yes
- ☐ No

Q25 (If Q21=Yes) Was your mental/behavioral health appointment rescheduled due to the COVID-19 pandemic?

- ☐ Yes, it was rescheduled.
- ☐ I'm not sure.
- ☐ No, it was not rescheduled.

Q26 (If Q25=Yes) What format will your new mental/behavioral health appointment be?

- ☐ My mental/behavioral health appointment will occur virtually, through telemedicine (video, internet or phone).
- ☐ I'm not sure.
- ☐ My mental/behavioral health appointment will still be an in-person visit.

Q27 Are you prescribed a medication for mental health?

- ☐ Yes
- ☐ No

If Q27 = No ... skip ahead to Q29

Q27 (If Q26=Yes) Have you been able to receive your mental health medication since the your state's stay-at-home orders took effect?

- ☐ Yes
- ☐ No

Q28 (If Q26=Yes) Have you been able to meet with your provider who prescribes your mental health medication since your state's stay-at-home orders took effect?

- ☐ Yes
- ☐ No

The last series of questions are specifically about COVID-19.

Q29 In the last two weeks, have you had the following symptoms? (select all that apply)

- ☐ Fever
- ☐ New cough
- ☐ Shortness of breath / difficulty breathing
- ☐ New fatigue
- ☐ Loss of smell or taste
- ☐ No symptoms

Q30 In the last 2-weeks, have you been exposed to someone with a KNOWN COVID-19 infection?

- ☐ Yes
- ☐ No

Q31 Have you ever been tested for COVID-19 infection?

- ☐ Yes, I tested positive and let my primary care provider know.
- ☐ Yes, I tested positive but have not let my primary care provider know.
- ☐ Yes, I tested negative.
- ☐ I wanted to, but have been unable to get tested.
- ☐ No, I have not been tested.

Q32 Do you have access to an urgent care clinic or hospital if you feel sick?

- ☐ Yes
- ☐ No

Q33 (if Q32 = No) If no, what are your barriers to seeking medical care at an urgent care clinic or hospital? (select all that apply)

- ☐ Finances / no insurance
- ☐ Fear of discrimination / violence /abuse /stigma
- ☐ Do not know where to go
- ☐ Do not have transportation

Q34 Are you concerned that the COVID-19 pandemic will negatively affect any of the following?

(select all that apply)

- ☐ Delaying parts of my gender healthcare
- ☐ My ability to pick-up medications
- ☐ My ability to afford hormone treatment
- ☐ Transportation to clinic or hospital
- ☐ My ability to buy food and other necessities
- ☐ My ability to pay rent
- ☐ My ability to work
- ☐ My health insurance coverage
- ☐ None of these, I'm feeling pretty safe & secure these days.
- ☐ Other (please describe your concerns)

Q35 Weighing the current risks of COVID-19 and your current health status, which of the following statements best summarizes how you feel? (select all that apply)

- ☐ I prefer to start medical hormone therapy as soon as possible.
- ☐ I prefer to undergo surgery as soon as possible.
- ☐ I prefer to shelter in place.
- ☐ I am not sure what to do.
- ☐ I am feeling pretty safe & secure.
- ☐ Other (please describe) _____

Thank you for contributing to our survey.

Q36 PHONE INTERVIEW: If you like, we invite you to schedule a follow-up phone conversation with a member of our team. We are seeking to discuss further these same topics, but we want to make an open space for each voice to be heard. If you are willing to be contacted, please provide your EMAIL address or a TELEPHONE number in the space below. _____

Q37 FEEDBACK: Please let us know of any concerns, questions or suggestions by submitting them here. _____

Sincerely, the research team at the Duke Center for Gender Health & Wellness.